

1 SUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		413	6/4/01
FORMALITY REVIEW	R	1019	6/18/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral).... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	4 12 7
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
64	✓
65	✓
66	✓
67	✓
68	✓
69	✓
70	✓
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94	✓
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
Final Original	4 12 7
51	✓
52	✓
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100	✓

Claim	Date
Final Original	4 12 7
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
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111	✓
112	✓
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131	✓
132	✓
133	✓
134	✓
135	✓
136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

If more than 150 claims or 10 actions
staple additional sheet here

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